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# THE GRAND STAND

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GOVERNOR'S COMMITTEE FOR THE PHYSICALLY  
HANDICAPPED

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THIS ISSUE IS DEVOTED EXCLUSIVELY TO THE  
SUMMARY REPORT OF THE IMPLEMENTATION COMMITTEE  
OF THE  
GOVERNOR'S CONFERENCE ON HANDICAPPED INDIVIDUALS

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## INTRODUCTION

### The Report of the Implementation Committee of The Governor's Conference on Handicapped Individuals

This report describes the action steps necessary to carry out the recommendations expressed at the Governor's Conference on Handicapped Individuals held December 1, 2, 3, 1976 at Hershey.

The Governor's Conference was a citizen's conference where 300 delegates consisting of handicapped individuals, their families and friends identified their needs and stated their goals.

The need for follow-through was recognized in the very earliest stages of planning for the Conference and it is significant that the last formal meeting of the Planning Committee of the Governor's Conference was adjourned five minutes before the first meeting of the Implementation Committee was called to order. Plans for follow-through were developed in two directions. The Implementation Committee was to work primarily to improve and redirect efforts for the handicapped at the state level and an organization of citizens, "The Conference on Handicapped Individuals, Incorporated" was to continue to push for action by monitoring the State's efforts and forming a statewide citizen organization which could reconvene to assess progress made.

The Implementation Committee was appointed by the Governor's Office for Human Resources as a subcommittee of the Governor's Committee for the Physically Handicapped. Implementation Committee members were sought who had expertise in a given area and who would be willing to volunteer their time and their resources to help carry out this challenging work. The Committee was composed of a Chairman, Co-Chairman, three appointed Members-at-Large, and Chairmen for Task Forces on Architectural Accessibility, Community Living and Deinstitutionalization, Education, Employment, Health (subcommittees: professional training, dentistry, nutrition, nursing, and sexuality), Social Services (subcommittees: service delivery, statewide information system) and Transportation. Recommendations concerned with Civil Rights, Income Maintenance and Recreation were considered by the Implementation Committee as a whole. It is noted that ten members of the Implementation Committee or Subcommittees had been associated in some capacity with either the Governor's Conference or the White House Conference on Handicapped Individuals.

The Implementation Committee was responsible for identifying and taking the action needed to accomplish the goals of the Governor's Conference. It began its work on June 2, 1977 and had six plenary meetings. The last working meeting was held June 13, 1978. The Task Forces and Subcommittees met throughout the year, some as often as every two weeks. Progress of the Implementation Committee's work was publicized by summaries in The

Grand Stand and comments from State Government and consumers were sought throughout.

The Implementation Committee's report applies to all handicapped individuals regardless of type of disability, cause or age of onset. Some of the recommendations from the Conference proposed sweeping reorganization of State Government structure, others concerned minor regulatory changes. Some recommendations were covered by under publicized programs already in place. Adoption of the regulations for section 504 of the Rehabilitation Act of 1973 and for Public Law 94-142, the Right to Education for All Children Act came after the Conference and many of the Implementation Committee's recommendations reflect the impact of these two laws. The Implementation Committee's Task Forces sorted out the recommendations, consolidated them, and, after long discussions and much research, listed direct action steps to be taken. Some of the problems presented at the Conference were so complex that they defied solution at the present time but wherever possible, interim action was listed.

The Implementation Committee is well aware of the current "Tax Payer's Revolt". Programs presented call for the elimination of overlap and duplication of present services. They are thus cost efficient in the sense that funds can be derived through better coordination of existing services. Because handicapped citizens represent a significant portion of our population, efforts made to mainstream this group will produce a viable market force. Requests for funding should therefore be considered as investments in long range economy.

The Report of the Implementation Committee of the Governor's Conference on Handicapped Individuals contains summaries of the action steps recommended by each Task Force or Subcommittee. These steps are grouped according to the point of action required at the State level: Executive, Legislative, and Consumer. Action steps already taken or recommendations for which no action is needed are also indicated. Action needed at the Federal level is directed to the White House Conference Implementation Committee. Appropriate action documents and supplements as well as a cross index to the Governor's Conference Report are included. The Task Force summaries included can be used as a summary of this report. The Task Force and Subcommittee reports from which the Implementation Committee composed this document are available from the Governor's Office for Human Resources.

The Implementation Committee has labored long and hard to devise practical, realistic, efficient solutions to the problems expressed at the Governor's Conference. These problems will not be solved overnight, but there must be a beginning. This report is that beginning.

## **Implementation Plans of the "Conference On Handicapped Individuals, Incorporated"**

The Conference on Handicapped Individuals, Inc. is a direct descendant of the Governor's Conference held at Hershey in December, 1976. The Governor's Conference demonstrated a need for an organization of citizens to continue to push for action on behalf of the handicapped, to monitor the programs already in place, and to conduct periodic reassessments of gains made and future needs.

The action steps set forth in the Implementation Committee Report are dependent upon a continued commitment of handicapped individuals and on all citizens who work with them and for them. The Conference on Handicapped Individuals is the organization which will enable all citizens to work together to help accomplish the goals articulated at the Governor's Conference.

The Task Forces of the Implementation Committee have set down many obligations for the Conference of Handicapped Individuals. Throughout the report there are calls for the handicapped to publicize services and needs, to act as advisors and consultants, to press for legislation, to serve as citizen-advocates, to increase public awareness of the needs and problems of the disabled, and, most important, to monitor the state government programs for the handicapped which are mandated, but which may fall short of realization.

The embryo developing at Hershey is now a fledgling. The Conference on Handicapped Individuals, Inc. is now a statewide membership organization with officers, a board of directors from the regions represented at Hershey and bylaws which have been restructured to allow each region to develop its own organization to work at the local level. A statewide Conference on Handicapped Individuals is planned for no later than November, 1980. The Conference on Handicapped Individuals is an organization of individuals: physically handicapped, mentally handicapped, blind, deaf, emotionally handicapped, parents of the handicapped, teachers, counselors, physicians, therapists, clergymen, administrators, volunteers, and all interested citizens who are willing and eager to push together to accomplish the goals set out at Hershey.

### **Implementation Plans for Architectural Accessibility Concerns**

Passage of Act 235, the original Architectural Barriers Law, was accomplished on September 1, 1965. Since then, requirements for accessibility to and use of facilities has been expanded by Act 216 (October 2, 1974) and Act 176 (July 9, 1976) to include buildings leased by government agencies and department stores, sports arenas, theaters, restaurants, retail stores, etc. However, other than government leased properties, architectural barrier provisions are required only in connection with new construction having a usable floor space in excess of 2800 square feet.

Although the requirement for barrier-free building design has been a State regulation for over 12 years, there are comparatively few facilities which are accessible to and useable by the handicapped. This is due in part to the lack

of code enforcement in many municipalities throughout the State, and in part to the slowdown in new construction over the past 12 years. Even with total enforcement of the present regulations, it is inconceivable that an adequate number of new buildings can be made accessible to and useable by the handicapped, short of remodeling existing structures for their accommodation.

In order to provide barrier-free buildings within a reasonable time schedule as well as promoting a more useful co-existence for the handicapped, the Architectural Barriers Law should be restructured to include the American National Standard Institute specifications (A.N.S.I. Standards) by reference, apply to all levels and areas used by the general public and apply to all areas and buildings being renovated. In addition, building plans for all municipalities should be submitted for approval of accessibility by the state before building permits are granted.

A State Compliance Board that will address areas affecting the transportation, architectural barriers, education and other problems of handicapped people should be developed. (See Transportation Implementation Plan).

It is recognized that the cost for removal of barriers will be considerably higher in existing buildings than in new construction. However, it is also recognized that the removal of barriers in existig buildings is essential to a barrier-free environment. To offset the additional cost involved with remodeling of existing buildings, it is recommended that tax write-offs or incentives be offered at the various government levels. Remodeling of existing buildings would create more jobs and more income as well as stimulate the economy. This would result in a return in the form of additional tax money to the various government levels, where the tax incentive was originally offered.

### **Implementation Plans For the Civil Rights of the Handicapped**

The implementation of the various regulations of the 1973 Rehabilitation Act has given political and legal leverage to the efforts of handicapped and disabled persons and their supportive organizations to seek education, employment and an opportunity to become active citizens in their communities. The inclusion of the handicapped under the laws administered by the Pennsylvania Human Relations Commission has further strengthened their position in seeking employment, housing and community acceptance.

This important legal framework must be followed through with an intelligent, informed and sophisticated advocacy effort. In order for handicapped and disabled citizens to advocate on their own behalf, it is essential that leadership from their ranks become skilled in advocacy techniques; that they have access to correct information regarding governmental, legislative and administrative activities that affect them; and that they have a recognized "voice" or "voices" that can monitor, evaluate and testify on behalf of agreed upon objectives.

An Office for the Handicapped would certainly be an important resource in assuring that advocacy efforts are informed, timely and focused. This Office would serve as a major coordinator of efforts by Conference on Handicapped Individuals, Inc. and other groups and organizations who have issues of common concern that need to be addressed by legislative and/or administrative efforts. An Office for the Handicapped could also assure that various efforts by the Departments of Government in effecting the 504 regulations and affirmative action are supportive and nonduplicative.

An Office for the Handicapped could further the accessibility efforts of all governmental departments by providing resources, (technical as well as handicapped advisors) and sharing information on problem solving and budget control that are essential to a consistent and coordinated effort to make government programs and facilities accessible. This Office would further act as an Ombudsman for the handicapped, disseminate information to the public and help in setting goals and priorities for the Commonwealth when supporting and/or developing programs on behalf of the handicapped and disabled.

Services to all handicapped individuals should be available on an as-needed basis and not be impeded by artificial or limiting categories.

Affirmative action programs should be effected immediately in all Departments of Government and all major recipients of governmental funds.

Advocacy efforts are best understood at the voting booth. Access to the voting booth is a basic tool that assures appropriate attention to the development of needed services and their funding. Pennsylvania Statute Annotated, Titel 25, Section 3058 (b) allows a handicapped voter to have an assistant of his or her own choice in the voting booth. This should be publicized. The Affidavit of Physical Disability ensures automatic delivery of an absentee ballot for each election held during a two year period to a registered homebound voter. All polling place sites are not accessible. The Implementation Committee supports amendment of Act 235 to mandate that polling sites be made accessible to the disabled.

### **Implementation Plans for Community Living Concerns**

The urgent need for a many-faceted program of community based housing for the handicapped is highlighted by the convergence within the last decade or so, of a general acceptance of the "normalization" principle and of an increasing effort for deinstitutionalization. In general, such housing falls into two categories: 1) homes designed for independent living in the community with services available as needed and 2) homes planned for group living with related services provided in-house or in the community.

Within these categories there is a range of housing types and alternatives. It is obvious that housing of whatever kind must be accompanied by a community system of services. Long-term care facilities will still be needed by some to complete the cycle of housing options. The type of housing to be developed will vary with the type of resident

population, and design and operation will be directly related to the functional capacity of the residents. Although funding for all housing types may be derived from the same source, there will be differences in design, services and operation according to the user group.

There are basically three options in developing housing for handicapped persons: 1) new construction; 2) purchase of an existing structure; and 3) leasing all or part of a structure. The type of housing will largely determine the financing route to be taken. Publication of existing financing services is necessary. A Housing Bill for the Handicapped, with HUD serving as the administrative agency, with local implementation by housing authorities and non-profit or profit-making agencies should be enacted.

Combining a community living arrangement with other services (e.g. transportation, attendant services, recreational programs) would be facilitated if funding for these components were not from two separate sources – HUD and HEW. It is advocated that Congress legislate a package that would include funding for both the establishment of Community Based Housing and related services. To guide public and private policy actions, a program evaluation comparing institutional and Community Based Housing programs for the handicapped is needed to answer questions concerning the cost effectiveness and economic feasibility of Community Based Housing.

A program of training and the development of training materials is urgently needed to provide managers of Community Living Arrangements for the handicapped with skills to better integrate the residents into the mainstream of community life.

### **Implementation Plans for Deinstitutionalization**

"Deinstitutionalization" is a simple catchword for a very complicated procedure, namely: the orderly, humane transfer of handicapped individuals, who have been carefully trained and educated to adjust to community life, into suitable residences in communities with appropriate support systems. Some of those "deinstitutionalized" may be severely mentally and physically handicapped and may need attendant care. Some will need vocational training and employment opportunities. All will need medical services and cultural and recreational opportunities. There must be consistent after care and followup.

Deinstitutionalization must begin long before the individual passes through the gate into the community. There must be a gradual transition stressing training in all aspects of community life. The staff of the institution must be trained to be aware of their charges' potential for achievement. There must be employment opportunities developed for the staff who will be left when the institution closes down. The development of a well thought out transitional program takes staff and funds and the Pennsylvania Legislature is asked to appropriate enough money to the Department of Public Welfare to develop a comprehensive transition program and followup service for individuals who will go into the community. Appropriation of such funds is cost efficient. It costs a great deal more to maintain an individual in an institution than in the

community and a successful deinstitutionalization effort is dependent on careful planning.

Mental Health-Mental Retardation Base Service Units should be involved in individual assessment and programming of their clients as early as possible in the transition process while the client is still in the institution.

Handicapped persons and parents of handicapped individuals can be a valuable resource in advising and educating the community about the needs of those returning.

Community residences should be in attractive, safe neighborhoods. Legislation forbidding exclusionary zoning is necessary and such legislation must ensure adequate and thorough licensing and monitoring of all community residential facilities.

The "anti-peonage" ruling which mandates payment for jobs done in institutions has prevented exploitation but it has also led to enforced unwelcome idleness. It is hoped that vocational training which must precede placement in the community will alleviate this problem to some extent but funds should be made available to pay residents who choose to work at the institutions.

### **Implementation Plans for Educational Concerns**

Of the approximately seven million handicapped children of school age in this country, only 40% are receiving an education which is adequate in meeting their special needs. Only 25% of one million pre-school aged handicapped children are enrolled in appropriate programs. Though handicapped children represent 10-12% of the school-aged population in this country, many have traditionally been excluded from public schools and forced into isolation in their homes or in institutions. Where they have been admitted to public schools, handicapped children have generally been relegated to separate classrooms "out of sight" of the regular student body.\*

The Pennsylvania Department of Education should take any and all steps necessary to support the continuation of the outreach programs for the pre-school handicapped; define the needed services for handicapped children, and permit funding for handicapped children who have been mainstreamed into regular classrooms.

Comprehensive mailing lists to all areas of the state should be established so that all data relating to all aspects of pre-school services to the handicapped could be transmitted to parents and appropriate agencies for such children.

Mandates should be created to insure that supportive services are available to any classroom teacher who has mainstreamed handicapped children and in-service training to special educators who serve a supportive personnel to regular classroom teachers should be encouraged.

Pre-service teacher training should be required for all certifications issued by the Department of Education. In-service training should be conducted for all staff in school systems — bus driver to superintendent — in preparation for their cooperative participation in mainstreaming efforts.

\*Source:

June Jordon, Ed. Council for Exceptional Children, "Summary and Issues on Full Educational Opportunities for Handicapped Individuals", Educational Concerns State White House Conference Workbook, U.S. Dept. of Health, Education and Welfare, Office of Human Development.

### **Implementation Plans of Employment Concerns**

The greatest barrier to employment of the handicapped in the Commonwealth of Pennsylvania is the State Civil Service Commission. In order to meet the affirmative action plans of all the state agencies concerning employment of the handicapped, the State Civil Service Commission should be required to extend the privilege of being selected by the employer from anywhere on the State Civil Service Commission list to qualified handicapped applicants who have declared themselves as being handicapped on their applications. Necessary legislation must be introduced to mandate this change in the State Civil Service laws.

The handicapped applicant must know what is expected by a prospective employer and the applicant must also accept certain responsibilities to make acceptance into the general work force easier. There must be an Employer Advisory Committee for all of the Bureau of Vocational Rehabilitation's functions as related to vocational education and job placement of the handicapped. Local and/or district Employer Advisory Committees should be set up to include representation from business, industry, local training agencies, vocational-technical schools, intermediate schools, CETA, Manpower, sheltered workshops, and handicapped persons. Additional funding or transfer of funds from the Legislature is required.

The on-going improvement in coordination between the Bureau of Employment Security, the Bureau of Vocational Rehabilitation and the Office for the Visually Handicapped evident in 1977 is endorsed, and hopes are raised for continued cooperation to improve the quality of service and eliminate duplication. There are also many duplications of services to the handicapped in other agencies. A central coordinating and review office is needed. The Governor's Advocate for the Physically Handicapped in the Governor's Office for Human Resources should be given adequate funds and staff to carry out this function until such time as the Office for the Handicapped is established by law. The funds required shall be obtained from existing budgets of executive departments, boards and commissions under the Governor's jurisdiction.

The Governor is asked to issue a proclamation stating "No state organization meeting dealing with the subject of the handicapped shall accept bids from any facility for meeting rooms, banquets, etc. which is not accessible to the handicapped."

### **Implementation Plans for Health Concerns**

Concerns of the Handicapped in health areas have been carefully reviewed and specific recommendations for

implementation have been submitted. Task Force members place relatively high priority on improvement in professional training with top support leading to expansion of the excellently planned programs in the Dental Division and Division of Child Health Services (MCH and CC Programs) of the Pennsylvania Health Department. There are many others which merit concurrent action.

There is need for coordination on the national and state level of planning and carrying out both basic and applied research related to prevention, early identification, comprehensive management, and support systems for the handicapped. Much about the issue of prevention (primary and secondary, such as accident prevention, alcohol and drug abuse, poverty) belongs more to social, economic, educational and political experts than to medicine; however, implementation of current knowledge in the medical field could bring about some significant changes. Action steps are suggested.

Recommendations are made for mechanisms which will speed up and improve communication from researchers to practitioners for the benefit of the handicapped. Specific recommendations are made for involvement of handicapped individuals and of their organizations in planning, implementing and monitoring costs and benefits of a variety of programs.

The relevance of involvement in school health services by nurse practitioners in special educational (Intermediate Unit) programs and in evolving programs for children under three years of age is recognized and encouraged.

#### **Implementation Plans for Professional Training: Health Services**

It is agreed that the level of care and services for the handicapped is directly related to the quality and availability of professional services provided by twenty or more disciplines. It is conceded that curricula for students provided by schools concerned and the availability of practical experience during school and college years are outdated and inadequate. There are deficits in basic education about human growth and needs and large gaps exist relating to comprehensive care, continuity of service, the inter-disciplinary approach, attitudes, knowledge of community services, etc.

In some colleges and universities, significant improvement in teaching is underway in many disciplines, particularly nursing, pediatrics, dentistry, physical medicine, rehabilitation, and social work. In-service training programs are available to most workers in Pennsylvania, but action for improvement is needed.

Recommendations for tightening of regulations for licensing of individuals and of organizations, for examination and certification by professional boards, for demanding higher standards of practice by funding agencies and for setting minimal personnel standards for employees in various service programs are supported and specific methods of action are recommended.

It is felt that basic changes in undergraduate and graduate professional programs are essential for long term

improvement. Outlines for specific programs in nutrition, dentistry, and nursing are available in the Governor's Office for Human Resources. These and others under development are to be brought to the attention of deans and department heads of professional schools by concerned individuals in Pennsylvania and elsewhere. Support for higher education in Pennsylvania, encouragement by committed professionals, and increased financial aid to schools and colleges wishing to improve are essential if any significant changes are to be made.

#### **Implementation Plans for Income Maintenance Concerns**

Qualification for specific programs should not be determined solely on the basis of job potential or placement. In order for handicapped persons to achieve maximum independence, it is essential that regulations applying to eligibility criteria for federally underwritten programs take into account the INDIVIDUAL'S total life situation (i.e. medical, psychological, social and community/environmental factors).

Loss of Medicaid benefits to pay medical expenses should not pose a threat to an individual considering employment - especially employment which may provide only marginal existence and little long term security. Regulations applying to federally financed or supported service programs should be consistent, not allowing instances to occur that result in lowered income, loss of medical coverage, or disqualification of entree into specialized rehabilitation programs that enhance independent living but will not necessarily lead to employment.

Children do not always receive benefits to which they are entitled because of inadequate screening of eligibility for federal supplemental income programs. This should be an ongoing part of early screening and diagnosis programs and family case management efforts.

Appropriate funding for a handicapped individual should follow him or her throughout life. The present system of combined Federal, State, and Local formulae prevents this, since eligibility is often based on residency requirements and/or categorical funding. Federal funding, administered by the state, should be paid directly to the individual for appropriate continuous services.

Many individual efforts have been made by various governmental departments to tell disabled persons about their benefits; however, much needs to be done to inform handicapped persons, employers and educators, and the community about the total range of services and programs available.

Information dissemination, adequate screening of children in need of services, and criteria allowing entry into programs of income maintenance based on the individual's total life situation should result in more handicapped individuals receiving needed services, enabling them to become contributors to the economy and participants in our communities.

## **Implementation Plans for Recreational Concerns**

Leisure time is often the single most abundant element in the life of a handicapped person.

Transportation and facility accessibility is the key to participation by handicapped persons in recreational activity and their utilization of local, county and state parks.

The State Departments of Health, Education and Welfare share the concern of the Pennsylvania Recreation and Park Society, a group of professionals from the field of recreation, over the need for a Comprehensive Plan for Recreation.

Although a State Plan for Recreation does exist, it is felt to be limited in its scope and out-of-date. A Comprehensive State Plan for Recreation must also address the needs of homebound and institutionalized handicapped citizens.

The Department of Environmental Resources' Bureau of State Parks and Bureau of Planning must develop a training and awareness program for State and County park personnel on how to evaluate their parks and facilities as they pertain to the handicapped population.

It is imperative that Community Recreation Commissions be made aware of the needs of the handicapped population within their communities. To achieve this objective, we must draw from the expertise available from Therapeutic Recreators to assist their community in developing programs to meet the recreational requirements of the local handicapped population.

## **Interim Report on Sexual Concerns of the Handicapped**

A subcommittee based at Moss Rehabilitation Hospital is working on defining action steps in the area of increasing public awareness of sexual problems faced by handicapped individuals, determining the need for professional training, and evaluating existing programs in sex education.

Plans are being developed for a workshop for persons in a position to influence public attitudes and make the public sensitive to the needs of disabled people. The workshop would attract newspaper editors, film and television producers and civic groups. A questionnaire investigating sexual counseling services to the handicapped has been sent to 140 agencies. The replies will be used as a basis for compiling a list of agencies that provide sexual counseling. The group hopes to develop teaching tools such as traveling seminars to help develop counseling skills and a workbook with sexual information.

A questionnaire has been sent to 150 institutions which train health professionals, special educators and clergymen to determine existing training programs and define the need for comprehensive and appropriate training in sexual needs of the disabled. A survey of programs of sex education is in progress.

The findings will be summarized and implementation plans and action steps will be suggested in a report to be delivered to the Governor's Office for Human Resources on or before October 15, 1978. The report will then be

distributed to appropriate professional, civic and consumer groups.

## **Implementation Plans for Social Service Concerns**

Ten percent of the Commonwealth's population can be considered significantly handicapped by reason of physical, social, mental or emotional limitations. The delegates to the Governor's Conference on Handicapped Individuals specifically asked for the establishment of a coordinating agency at the state level that could represent all handicapped persons in the Commonwealth.

A Governor's Office for the Handicapped, established by statute, could serve as the focal point in state government for the initiation, planning, coordination, advocacy, review, monitoring and evaluation of all Commonwealth activities relevant to services for the handicapped. This Office can be instructed to submit to the Governor and the General Assembly within two years of its creation a plan for the reorganization of all Commonwealth programs and services relating to the needs of handicapped persons.

In addition, a Bureau of Independent Living established within the to-be-created Governor's Office for the Handicapped could serve as the focal point in state government for the evaluation, review and monitoring of all Commonwealth activities relevant to the provision of housing and concomitant support services for the handicapped.

As an interim measure to the creation of the Governor's Office for the Handicapped, the duties (and staff to cover additional duties) of the Governor's Advocate for the Physically Handicapped should be expanded to include preparation of an annual report concerning priorities for the development, administration and funding of services to handicapped persons during the next fiscal year. The report will be submitted jointly to the Governor, General Assembly, Departmental Secretaries and interested organizations of handicapped persons.

Funding for the above proposed recommendations should be obtained from the existing budgets of departments, commissions, and bureaus under the Governor's authority.

## **Implementation Plans for a Statewide Information System**

A comprehensive program needs to be set up so that no Commonwealth citizen who needs information regarding a disability, a special program, a service or benefit must go without it. It is the right of everyone to know.

The State Information Center should be a direct information service rather than the common referral agency so prevalent around the state. A computer base could give information in such areas as comprehensive health and medical care, resources and benefits, legislation at the local, state and federal levels that affect the disabled, existing agencies and what services they have to offer, resource people in the state who can be called upon (especially parent groups), education programs for all from pre-school to post-school and architectural accessibility information

for architects and planners. It should maintain a registry of handicapped volunteers available as consultants, advocates, helpers and friends. Staffing should include computer specialists, a person trained in information retrieval and interviewing techniques and a person trained to communicate with deaf callers by means of a TTY line.

Promotion of the State Information Center and its materials should receive mass television, radio and press coverage around the state. The Center should publish digests of the information it has compiled for distribution, for example, lists of accessible colleges and programs for pre-school children.

Community Resource Information Service (CRIS) meets the needs stated above. It is technologically efficient, cost efficient and it is the best possible resource available today. It lends itself to easy updating so that information is always current. It should be specified for use within all Base Service Units by the Department of Welfare and, eventually, it should be the method used to provide the information and referral system to be housed in the Office for the Handicapped. Legislative action is needed to mandate this type of information system and to provide funds for its use and installation.

#### **Implementation Plans for Transportation Accessibility Concerns**

Throughout the ages, transportation and access to it has proved to be the key to the growth of man and the nation he governed. Transportation provides the link to employment, education, health care, and recreational activities. As we look at the history of transportation and the move toward the provision of public transportation services for the masses, we see that handicapped people have been virtually excluded from these systems. They have come to rely more and more on private means of transport or good-will agencies which will provide transport to and from their services. In recent years, however, there has been

a growing awareness of the transportation needs of handicapped individuals and their right to equal access.

five times since 1970, the U.S. Congress has enacted legislation to guarantee disabled (and elderly) people equal access to public transportation. In Section 16 of the Urban Mass Transportation Assistance Act of 1970, Section 165 of the Federal-Aid Highway Act of 1973, Section 105 of the Federal-Aid Highway Act of 1974, and Section 315 of the Department of Transportation and Related Agencies Appropriation Act of 1975, the Congress directed the U.S. Secretary of Transportation to assure that federally supported equipment and facilities are designed so that all mobile disabled and elderly people can effectively use public transportation. Section 504 of the Rehabilitation Act, 1973 prohibited exclusion, denial of benefits and discrimination in any program receiving federal financial assistance. And finally, the May 19, 1977 TRANSBUS mandate required that all urban mass transit buses include after September 30, 1979 a wide door, low floor and ramp for easy access for everyone.

Considering these legislative mandates and the adoption of a national policy for equal access to all forms of transportation for handicapped people, it is believed that the way to solve the basic transit problems of the handicapped in Pennsylvania and the answer to the recommendations from the delegates at the Governor's Conference on Handicapped Individuals is: 1) to encourage interaction between the handicapped community and the agencies and individuals responsible for planning transportation services by establishing an Inter-Departmental Coordinating Committee with consumer representation; and 2) to establish a State Compliance Board which would have as one of its primary functions the monitoring of transportation activities in the state as well as insuring compliance with existing laws concerning transportation, education, program and architectural accessibility.

#### **The Complete Report Of The Implementation Committee**

may be obtained by sending a written request for single copies to John H. Snyder, 900 Market Street, Harrisburg, Pa. 17101. For orders of more than one copy, include a check made payable to "Grand Stand" for \$45 per copy to cover the cost of postage.

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